

For: County Offices

FY 2004 Equipment Requests

Approved by: State Executive Director



1 Overview

A

Background

For County Offices, equipment allotments were distributed using a base level of funding for every State, with remaining available funding being spread proportionally to all States using FTE ceilings.

B

Purpose

The purpose of this notice is to advise county offices on request processing for the procurement of equipment.

DISPOSAL

August 1, 2004

DISTRIBUTION

County Offices

Oklahoma Notice AS-399

2 Action

A Equipment Needs

County Offices shall do the following to complete equipment request:

- Thoroughly assess FY 2004 equipment needs.
 - Request **ONLY** essential equipment items.
 - If available, provide a cost estimate for requested equipment rounded to the nearest whole dollar.
 - Provide a justification for requests.
 - Submit County Office equipment requests to the State Office by March 26, 2004.
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B What Not to Include

County Offices must not include the following on the equipment request:

- FAX machines
 - ADP equipment.
 - Telephone equipment
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C FSA-199

The FSA-199 (Exhibit 1) will be used to document and inform the State Office of the request for County Office equipment. County Offices shall:

- Discuss equipment needs with the DD.
 - Include a statement of justification in the body of the equipment request. Items such as age, repair history, number of copies, lack of features, estimated cost of repair should be noted. Refer to 31-AS (Rev. 2), paragraph 170B for replacement criteria.
 - Prepare a separate request for each different piece of equipment being requested. Quantities of the same item may be listed together.
 - Submit the requests to the State Office for consideration of purchase of the equipment.
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U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

1. REQUISITION NO.		2. REQUISITION DATE		3. APPROPRIATION CODE	
4. TO (Procurement Office)			5. REQUESTING OFFICE		
6. RECOMMENDED SOURCE OF SUPPLY OF (VENDOR)			8. SHIPPING ADDRESS (If other than Item 6)		
7. CONTRACT NO.					
9. ITEM NO.	10. ARTICLES OR SERVICES	11. QUANTITY	12. UNIT	13. UNIT PRICE	14. AMOUNT
15. DISCOUNT TERMS		16. DELIVERY TIME	17. F.O.B. POINT	18. SHIP VIA	
19. BILLING INSTRUCTIONS				20. Total \$	
21. SIGNATURE OF AUTHORIZED PERSON		22. TITLE		23. DATE (MM-DD-YYYY)	

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Exhibit 1

Completion Instructions for FSA-199, Request for Supplies, Equipment and Services
Entries are required in the following fields:

Field 1 – Requisition No.	County Name-FY# (sequential including all requests)
Field 2- Requisition Date	Date of preparation
Field 3 – Appropriation Code	Leave Blank
Field 4 – To:	Oklahoma State FSA Office
Field 5 – Requesting Office	County Office Name
Field 6 – Recommended Source	If known, otherwise leave blank for STO completion
Field 7 – Contract No.	Leave blank
Field 8 – Shipping Address	Street Address and Suite Number, NO PO BOXES
Field 9 – Item No.	001 – Note: only one item per request form
Field 10 – Articles or services	Description of item, including color if applicable and justification for purchase
Field 11 – Quantity	Number you are requesting
Field12 – Unit	
Field 13 – Unit Price	If known, otherwise leave blank for STO completion
Field 14 – Amount	If Field 13 is completed
Field 15 – Discount Terms	Leave blank
Field 16 – Delivery Time	Leave blank
Field 17 - F.O.B. Point	Leave blank
Field 18 – Ship VIA	Leave blank
Field 19 – Billing Instructions	Leave blank
Field 20 – Total	Leave blank
Field 21 – Signature	CED or FLM
Field 22 – Title	CED or FLM
Field 23 – Date	Date Signed